

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

##### About Debtor 1:

###### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Samuel

First name

DeWitt

Middle name

Ingle

Last name

Suffix (Sr., Jr, II, III)

##### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

###### 2. All other names you have used in the last 8 years

Include your married or maiden names.

Samuel

First name

D.

Middle name

Ingle

Last name

Samuel

First name

Middle name

Ingle

Last name

See continuation page.

First name

Middle name

Last name

First name

Middle name

Last name

###### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 5 8 4 0

OR

9xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_

Debtor 1

**Samuel** **DeWitt** **Ingle**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

**717 Abbeylen Castle Drive**

Number Street

**If Debtor 2 lives at a different address:**

Number Street

**Pflugerville, TX 78660**

City State ZIP Code

City State ZIP Code

**Travis**

County \_\_\_\_\_

County \_\_\_\_\_

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

**If Debtor 2's mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

**6. Why you are choosing *this* district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

Debtor 1

**Samuel** **DeWitt** **Ingle**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?** No.

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No.

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

**11. Do you rent your residence?** No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

 No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

**Samuel**  
First Name

**DeWitt**  
Middle Name

**Ingle**  
Last Name

Case number (if known) \_\_\_\_\_

Part 3: Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.

Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property?

Number Street

City

State

ZIP Code

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**  
 Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**  
 Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**  
 To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**  
 Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**  
 Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**  
 To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

## Part 6: Answer These Questions for Reporting Purposes

16. **What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.

Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.

Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

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17. **Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No

Yes

18. **How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,000-100,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000			
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000			
<input type="checkbox"/> 200-999				

19. **How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. **How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

## Part 7: Sign Below

## For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Samuel DeWitt Ingle

Samuel DeWitt Ingle, Debtor 1

Executed on 11/19/2019

MM/ DD/ YYYY

Debtor 1

Samuel  
First Name

DeWitt  
Middle Name

Ingle  
Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are  
represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jerome A. Brown

Jerome A. Brown, Attorney

Date 11/19/2019

MM / DD / YYYY

Jerome A. Brown

Printed name

The Brown Law Firm

Firm name

PO Box 1667

Number Street

Victoria

City

TX

State 77902 ZIP Code

Contact phone (512) 306-0092

Email address jerome@brownbankruptcy.com

03140000

Bar number

TX

State

Debtor 1

Samuel      DeWitt      Ingle  
First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

Additional Items: Continuation Page

2. All other names you have used in the last 8 years  
(cont.)

Sam      \_\_\_\_\_  
First name      Middle name      Ingle  
Last name

Include your married or maiden names.

Fill in this information to identify your case and this filing:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number	_____		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 **LOT 10 BLK G HIGHLAND PARK  
NORTH PHS B SEC 1**

Street address, if available, or other description

**717 Abbeyglen Castle Drive**

**Pflugerville, TX 78660**

City State ZIP Code

**Travis**

County

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**\$299,495.00**

**Current value of the portion you own?**

**\$299,495.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

Check if this is community property  
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....



**\$299,495.00**

Debtor 1

Samuel  
First NameDeWitt  
Middle NameIngle  
Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make:

Chevrolet**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model:

Colorado Z71

Year:

2017

Approximate mileage:

23000

Other information:

Check if this is community property (see instructions)

**Current value of the entire property?**

\$25,000.00

**Current value of the portion you own?**

\$25,000.00

If you own or have more than one, list here:

3.2 Make:

Harley-Davidson**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model:

FLHTCUTG

Year:

Tri Glide Ultra  
Classic Tri  
Glide

Approximate mileage:

20148,613

Check if this is community property (see instructions)

**Current value of the entire property?**

\$22,562.50

**Current value of the portion you own?**

\$22,562.50

Other information:

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$47,562.50

## Part 3: Describe Your Personal and Household Items

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

See Attached.

**\$610.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

See Attached.

**\$120.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

See Attached.

\_\_\_\_\_

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe.....

See Attached.

\_\_\_\_\_

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No  
 Yes. Describe.....

See Attached.

**\$300.00**

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No  
 Yes. Describe.....

See Attached.

**\$70.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No  
 Yes. Describe.....

See Attached.

**\$20.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No  
 Yes. Describe.....

Chihuahua

**\$2.00**

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Describe.....

--	--

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here..... →

\$1,122.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash.....

\$0.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking account: University Federal Credit Union Account Number: \$5.00  
xxxxxxxx3229

17.2. Checking account: Randolph-Brooks Federal Credit Union Account \$28.48  
Number: xxxx0351

17.3. Savings account: University Federal Credit Union Account Number: \$5.00  
S0000

17.4. Savings account: Randolph-Brooks Federal Credit Union Account \$1.00  
Number: xxxx8517

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

17.8. Other financial account: \_\_\_\_\_

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

17.9. Other financial account: \_\_\_\_\_

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name: \_\_\_\_\_

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them.....

Issuer name: \_\_\_\_\_

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.

Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_

401(k) or similar plan: \_\_\_\_\_

Pension plan: \_\_\_\_\_

IRA: \_\_\_\_\_

Retirement account: \_\_\_\_\_

Keogh: \_\_\_\_\_

Additional account: \_\_\_\_\_

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Heating oil: \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Water: \_\_\_\_\_

Rented furniture: \_\_\_\_\_

Other: \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them....

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

	_____
--	-------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

	_____
--	-------

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

_____
-------

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

_____
-------

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

See Attached.	_____
---------------	-------

unknown

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value....

Company name:	Beneficiary:	Surrender or refund value:
<u>Vehicle Insurance - Geico</u>	<u>Debtor</u>	<u>\$0.00</u>
<u>Home Insurance - Mountain Valley</u>	<u>Debtor</u>	<u>\$0.00</u>
<u>Health Insurance - VA</u>	<u>Debtor</u>	<u>\$0.00</u>
<u>Health Insurance - Medicare</u>	<u>Debtor</u>	<u>\$0.00</u>
<u>Health Insurance - Humana - Health Supplemental</u>	<u>Debtor</u>	<u>\$0.00</u>

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**35. Any financial assets you did not already list**

No

Yes. Give specific information.....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here. →**

<input type="text"/>	<u>\$39.48</u>
----------------------	----------------

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

Debtor 1

**Samuel DeWitt Ingle**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe.....

--	--

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

--	--

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No

Yes. Describe.....

--	--

**41. Inventory**

No

Yes. Describe.....

--	--

**42. Interests in partnerships or joint ventures**

No

Yes. Describe.....

Name of entity:

% of ownership:

\_\_\_\_\_ % \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

--	--

**44. Any business-related property you did not already list**

No

Yes. Give specific information.....

\_\_\_\_\_ % \_\_\_\_\_

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →**

\$0.00
--------

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**

Debtor 1

Samuel  
First Name

DeWitt  
Middle Name

Ingle  
Last Name

Case number (if known) \_\_\_\_\_

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

--	--	--

48. Crops—either growing or harvested

No

Yes. Give specific information.....

--	--	--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

--	--	--

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

--	--	--

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Give specific information.....

--	--	--

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

for Part 6. Write that number here.....

\$0.00
--------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

--	--	--

54. Add the dollar value of all of your entries from Part 7. Write that number here.....

\$0.00
--------

Debtor 1

Samuel DeWitt Ingle  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....	→	\$299,495.00
56. Part 2: Total vehicles, line 5		\$47,562.50
57. Part 3: Total personal and household items, line 15		\$1,122.00
58. Part 4: Total financial assets, line 36		\$39.48
59. Part 5: Total business-related property, line 45		\$0.00
60. Part 6: Total farm- and fishing-related property, line 52		\$0.00
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61.....	\$48,723.98	Copy personal property total → + \$48,723.98
63. Total of all property on Schedule A/B. Add line 55 + line 62.....		\$348,218.98

Debtor 1

Samuel  
First NameDeWitt  
Middle NameIngle  
Last Name

Case number (if known) \_\_\_\_\_

## SCHEDULE A/B: PROPERTY

### Continuation Page

## 6. Household goods and furnishings

sofa(s)	\$50.00
loveseat(s)	\$40.00
entertainment center / tv cabinet	\$50.00
end tables	\$10.00
sofa tables	\$25.00
kitchen table	\$10.00
china cabinet	\$25.00
refrigerator / freezer	\$50.00
stove	\$20.00
microwave	\$5.00
dish washer	\$10.00
washing machine	\$25.00
clothes dryer	\$20.00
dishes / flatware	\$20.00
china / silverware	\$10.00
pots / pans / cookware	\$20.00
bed	\$150.00
dresser(s) / nightstand(s)	\$15.00
lamps / accessories	\$25.00
lawnmower	\$10.00
yard /landscaping tools	\$20.00

## 7. Electronics

cellular telephones	\$15.00
personal computer	\$30.00
television 1	\$50.00
television 2	\$25.00

## 10. Firearms

9 mm Sig-Sauer	\$200.00
.380 Smith and Wesson	\$100.00

## 12. Jewelry

rings	\$10.00
watch	\$10.00

## 30. Other amounts someone owes you

Military Disability - \$3,261.10 per month for life	unknown
Social Security - \$1845.50 per month for life	unknown

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

1.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: LOT 10 BLK G HIGHLAND PARK NORTH PHS B SEC 1 717 Abbeyglen Castle Drive Pflugerville, TX 78660	Copy the value from <i>Schedule A/B</i>  \$299,495.00	Check only one box for each exemption.  <input checked="" type="checkbox"/> \$38,230.64 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-002
Line from <i>Schedule A/B</i> : 1.1			
Brief description: sofa(s)	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from <i>Schedule A/B</i> : 6			
3. <b>Are you claiming a homestead exemption of more than \$170,350?</b>	(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1

Samuel

DeWitt

Ingle

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: loveseat(s)	\$40.00	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: entertainment center / tv cabinet	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: end tables	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: sofa tables	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: kitchen table	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: china cabinet	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: refrigerator / freezer	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: stove	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: microwave	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			

Debtor 1

Samuel

DeWitt

Ingle

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: dish washer	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: washing machine	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: clothes dryer	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: dishes / flatware	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: china / silverware	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: pots / pans / cookware	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: bed	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: dresser(s) / nightstand(s)	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: lamps / accessories	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			

Debtor 1

Samuel

DeWitt

Ingle

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: lawnmower	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: yard /landscaping tools	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: television 1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			
Brief description: television 2	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			
Brief description: personal computer	\$30.00	<input checked="" type="checkbox"/> \$30.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			
Brief description: cellular telephones	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			
Brief description: 9 mm Sig-Sauer	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)
Line from Schedule A/B: 10			
Brief description: .380 Smith and Wesson	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)
Line from Schedule A/B: 10			
Brief description: Clothes	\$70.00	<input checked="" type="checkbox"/> \$70.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Line from Schedule A/B: 11			

Debtor 1

Samuel

DeWitt

Ingle

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: rings	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 12			
Brief description: watch	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: 12			
Brief description: Chihuahua	\$2.00	<input checked="" type="checkbox"/> \$2.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Line from Schedule A/B: 13			
Brief description: Military Disability - \$3,261.10 per month for life	unknown	<input checked="" type="checkbox"/> unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	38 U.S.C. § 5301
Line from Schedule A/B: 30			
Brief description: Social Security - \$1845.50 per month for life	unknown	<input checked="" type="checkbox"/> unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407
Line from Schedule A/B: 30			

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1	NewRez Mortgage Creditor's Name DBA Shellpoint Mortgage Servicing P.O. Box 740039 Number Street Cincinnati, OH 45274-0039 City State ZIP Code	<b>Describe the property that secures the claim:</b> LOT 10 BLK G HIGHLAND PARK NORTH PHS B SEC 1 717 Abbeyglen Castle Drive Pflugerville, TX 78660	\$261,264.36	\$299,495.00	\$0.00
	<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	<b>Date debt was incurred</b> 12/01/16	<b>Last 4 digits of account number</b> 8 4 3 9			
	<b>Add the dollar value of your entries in Column A on this page. Write that number here:</b>		\$261,264.36		

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C			
		<b>Amount of claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>	<b>Unsecured portion</b> If any			
2.2	<p><u>University Federal Credit Union</u> Creditor's Name</p> <p>PO Box 9350 Number Street</p> <p>Austin, TX 78766 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Date debt was incurred</b> 02/21/2017</p>	<p><b>Describe the property that secures the claim:</b> 2017 Chevrolet Colorado Z71</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>0 0 0 1</u></p>	\$25,617.28	\$25,000.00	\$617.28		
2.3	<p><u>University Federal Credit Union</u> Creditor's Name</p> <p>PO Box 9350 Number Street</p> <p>Austin, TX 78766 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Date debt was incurred</b> 12/29/2014</p>	<p><b>Describe the property that secures the claim:</b> 2014 Harley-Davidson FLHTCUTG Tri Glide Ultra Classic Tri Glide</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>0 0 0 2</u></p>	\$9,636.40	\$22,562.50	\$0.00		
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</p>		<table border="1"> <tr> <td>\$35,253.68</td> </tr> <tr> <td>\$296,518.04</td> </tr> </table>				\$35,253.68	\$296,518.04
\$35,253.68							
\$296,518.04							

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	DeWitt	Ingle
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Conasauga County Judicial Circuit</b> Priority Creditor's Name <b>Division of Child Support Services</b> <b>417 West Crawford Street</b> Number Street <b>Dalton, GA 30720</b> City State ZIP Code	Last 4 digits of account number <u>SA31</u> When was the debt incurred? <u>10/25/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$25,487.00</u>	<u>\$25,487.00</u>	<u>\$0.00</u>

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Type of PRIORITY unsecured claim:**

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify

## Part 2: List All of Your NONPRIORITY Unsecured Claims

## 3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 **A+ Federal Credit Union**

Nonpriority Creditor's Name  
**Cardmember Service**  
**P.O. Box 790408**  
 Number Street  
**Saint Louis, MO 63179-0408**  
 City State ZIP Code

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number 1531 \$691.90

When was the debt incurred? 09/15/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Credit Card**

4.2 **AAFES**

Nonpriority Creditor's Name  
**3911 Walton Walker**  
 Number Street  
**Dallas, TX 75266**  
 City State ZIP Code

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number 1531 \$6,398.00

When was the debt incurred? 12/01/2005

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Charge Account**

4.3 **Amex**

Nonpriority Creditor's Name  
**P.O. Box 981537**  
 Number Street  
**EI Paso, TX 79998**  
 City State ZIP Code

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number 5723 \$2,280.00

When was the debt incurred? 06/01/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Credit Card**

Debtor 1 Samuel DeWitt Ingle \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4	<b>ARA Diagnostic Imaging</b> Nonpriority Creditor's Name <u>P.O. Box 4427</u> Number Street <u>Austin, TX 78765</u> City State ZIP Code	Last 4 digits of account number <u>0442</u> When was the debt incurred? <u>07/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$100.00</u>
4.5	<b>Army &amp; Air Force Exchange Service</b> Nonpriority Creditor's Name <u>Attn: CP - Operations</u> <u>P.O. Box 650038</u> Number Street <u>Dallas, TX 75265-0038</u> City State ZIP Code	Last 4 digits of account number <u>_____</u> When was the debt incurred? <u>09/20/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$5,992.00</u>
4.6	<b>Baylor Scott &amp; White Health</b> Nonpriority Creditor's Name <u>PO Box 674350</u> Number Street <u>Dallas, TX 75267-4350</u> City State ZIP Code	Last 4 digits of account number <u>9505</u> When was the debt incurred? <u>04/15/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$26.91</u>

Debtor 1 **Samuel DeWitt Ingle**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7	<b>Baylor Scott &amp; White Health</b> Nonpriority Creditor's Name <b>PO Box 674350</b> Number Street <b>Dallas, TX 75267-4350</b> City State ZIP Code	Last 4 digits of account number <u>5533</u> When was the debt incurred? <u>05/07/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$18.27</u>
4.8	<b>Baylor Scott &amp; White Health</b> Nonpriority Creditor's Name <b>PO Box 674350</b> Number Street <b>Dallas, TX 75267-4350</b> City State ZIP Code	Last 4 digits of account number <u>4789</u> When was the debt incurred? <u>07/02/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$22.42</u>
4.9	<b>Baylor Scott &amp; White Health</b> Nonpriority Creditor's Name <b>PO Box 674350</b> Number Street <b>Dallas, TX 75267-4350</b> City State ZIP Code	Last 4 digits of account number <u>3844</u> When was the debt incurred? <u>05/08/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$22.42</u>

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	<p><b>Baylor Scott &amp; White Health</b>            Nonpriority Creditor's Name  <b>PO Box 674360</b>            Number Street  <b>Dallas, TX 75267-4350</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4989</u></p> <p>When was the debt incurred? <u>05/23/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	<u>\$5.91</u>
4.11	<p><b>Baylor Scott &amp; White Health</b>            Nonpriority Creditor's Name  <b>PO Box 674350</b>            Number Street  <b>Dallas, TX 75267-4350</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2531</u></p> <p>When was the debt incurred? <u>05/30/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	<u>\$22.42</u>
4.12	<p><b>Baylor Scott &amp; White Health</b>            Nonpriority Creditor's Name  <b>PO Box 847914</b>            Number Street  <b>Dallas, TX 75284-7914</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7543</u></p> <p>When was the debt incurred? <u>05/07/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	<u>\$187.33</u>

Debtor 1 **Samuel DeWitt Ingle**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	<b>Baylor Scott &amp; White Health</b> Nonpriority Creditor's Name <b>PO Box 847914</b> Number Street <b>Dallas, TX 75284-7914</b> City State ZIP Code	Last 4 digits of account number <u>4798</u> When was the debt incurred? <u>07/02/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$24.81</u>
4.14	<b>Baylor Scott &amp; White Health</b> Nonpriority Creditor's Name <b>PO Box 847914</b> Number Street <b>Dallas, TX 75284-7914</b> City State ZIP Code	Last 4 digits of account number <u>2530</u> When was the debt incurred? <u>05/30/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$12.87</u>
4.15	<b>Baylor Scott &amp; White Health</b> Nonpriority Creditor's Name <b>PO Box 847914</b> Number Street <b>Dallas, TX 75284-7914</b> City State ZIP Code	Last 4 digits of account number <u>1371</u> When was the debt incurred? <u>05/07/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$17.48</u>

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	<p><b>Best Tex Solutions LLC</b>            Nonpriority Creditor's Name  <u>2101 County Rd 130</u>            Number Street  <u>Hutto, TX 78634</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <u>Roofing Bill</u></p>	<u>\$2,500.00</u>
4.17	<p><b>BesTex Solutions, LLC</b>            Nonpriority Creditor's Name  <u>2101 County Road 130</u>            Number Street  <u>Hutto, TX 78634</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6888</u></p> <p>When was the debt incurred? <u>10/18/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <u>Utility Bill</u></p>	<u>\$2,500.00</u>
4.18	<p><b>Capital One</b>            Nonpriority Creditor's Name  <u>15000 Capital One Dr</u>            Number Street  <u>Richmond, VA 23238</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1217</u></p> <p>When was the debt incurred? <u>02/01/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <u>Credit Card</u></p>	<u>\$3,908.00</u>

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	<p><b>Capital One</b> Nonpriority Creditor's Name <b>15000 Capital One Dr</b> Number Street <b>Richmond, VA 23238</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0657</u></p> <p>When was the debt incurred? <u>04/01/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Credit Card</b></p>	<u>\$3,885.00</u>
4.20	<p><b>Citibank</b> Nonpriority Creditor's Name <b>P.O. Box 6241</b> Number Street <b>Sioux Falls, SD 57117</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4504</u></p> <p>When was the debt incurred? <u>06/01/2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Credit Card</b></p>	<u>\$3,478.00</u>
4.21	<p><b>Citibank N.A. The Home Depot</b> Nonpriority Creditor's Name <b>P.O. Box 790328</b> Number Street <b>Saint Louis, MO 63179</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0344</u></p> <p>When was the debt incurred? <u>12/01/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account</b></p>	<u>\$5,991.00</u>

Debtor 1 **Samuel DeWitt Ingle**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22	<b>Citibank, N.A./Citi Mastercard</b> Nonpriority Creditor's Name <b>P.O. Box 769006</b> Number Street <b>San Antonio, TX 78245</b> City State ZIP Code	Last 4 digits of account number <u>7777</u> When was the debt incurred? <u>09/06/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<u>\$3,574.88</u>
4.23	<b>Citibank/Shell Oil</b> Nonpriority Creditor's Name <b>Po Box 6497</b> Number Street <b>Sioux Falls, SD 57117</b> City State ZIP Code	Last 4 digits of account number <u>9968</u> When was the debt incurred? <u>02/01/2006</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<u>\$925.00</u>
4.24	<b>Citibank/The Home Depot</b> Nonpriority Creditor's Name <b>P.O. Box 6497</b> Number Street <b>Sioux Falls, SD 57117</b> City State ZIP Code	Last 4 digits of account number <u>7422</u> When was the debt incurred? <u>12/01/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$2,825.54</u>

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25	<p><b>Citibank/The Home Depot</b>            Nonpriority Creditor's Name  <u>P.O. Box 6497</u>            Number Street  <u>Sioux Falls, SD 57117</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7126</u></p> <p>When was the debt incurred? <u>07/01/2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account</b></p>	<b>\$516.00</b>
4.26	<p><b>Comenity Bank</b>            Nonpriority Creditor's Name  <u>P.O. Box 182273</u>            Number Street  <u>Columbus, OH 43218</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7031</u></p> <p>When was the debt incurred? <u>10/01/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account</b></p>	<b>\$486.00</b>
4.27	<p><b>Credit First National Association</b>            Nonpriority Creditor's Name  <u>P.O. Box 81315</u>            Number Street  <u>Cleveland, OH 44181</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8021</u></p> <p>When was the debt incurred? <u>08/01/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account</b></p>	<b>\$1,022.00</b>

Debtor 1 **Samuel DeWitt Ingle**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28	<b>Discover Financial</b> Nonpriority Creditor's Name <b>P.O. Box 15316</b> Number Street <b>Wilmington, DE 19850</b> City State ZIP Code	Last 4 digits of account number <u>3690</u> When was the debt incurred? <u>07/01/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<u>\$8,508.00</u>
4.29	<b>Home Zone Round Rock</b> Nonpriority Creditor's Name <b>1601 S Interstate 35 Ste 500</b> Number Street <b>Round Rock, TX 78664</b> City State ZIP Code	Last 4 digits of account number <u>                  </u> When was the debt incurred? <u>12/05/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$1,100.00</u>
4.30	<b>OneMain Financial</b> Nonpriority Creditor's Name <b>Po Box 1010</b> Number Street <b>Evansville, IN 47706</b> City State ZIP Code	Last 4 digits of account number <u>1670</u> When was the debt incurred? <u>10/01/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Loan</b>	<u>\$6,041.00</u>

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.31	<p><b>Scott &amp; White</b> Nonpriority Creditor's Name <b>P.O. Box 847914</b> Number Street <b>Dallas, TX 75284-7914</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>03/06/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	<u>\$242.49</u>
4.32	<p><b>Seton Medical Center Williamson</b> Nonpriority Creditor's Name <b>PO Box 204301</b> Number Street <b>Dallas, TX 75320-4301</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8823</u></p> <p>When was the debt incurred? <u>04/02/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	<u>\$1,340.00</u>
4.33	<p><b>Synchrony Bank</b> Nonpriority Creditor's Name <b>170 West Election Road Suite 125</b> Number Street <b>Draper, UT 84020</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9207</u></p> <p>When was the debt incurred? <u>10/01/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account</b></p>	<u>\$3,840.00</u>

Debtor 1 Samuel DeWitt Ingle  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34	<b>Synchrony Bank</b> Nonpriority Creditor's Name <b>170 West Election Road Suite 125</b> Number Street <b>Draper, UT 84020</b> City State ZIP Code	Last 4 digits of account number <u>5242</u> When was the debt incurred? <u>08/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$1,491.00</u>
4.35	<b>Synchrony Bank</b> Nonpriority Creditor's Name <b>170 West Election Road Suite 125</b> Number Street <b>Draper, UT 84020</b> City State ZIP Code	Last 4 digits of account number <u>3836</u> When was the debt incurred? <u>11/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$1,303.00</u>
4.36	<b>Synchrony Bank/Lowes</b> Nonpriority Creditor's Name <b>Po Box 965005</b> Number Street <b>Orlando, FL 32896</b> City State ZIP Code	Last 4 digits of account number <u>7448</u> When was the debt incurred? <u>12/01/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$1,362.00</u>

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37	<b>Synchrony Bank/Roms To Go</b> Nonpriority Creditor's Name <u>P.O. Box 965064</u> Number Street <u>Orlando, FL 32896-5064</u> City State ZIP Code	Last 4 digits of account number <u>5916</u> When was the debt incurred? <u>08/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$3,217.61</u>
4.38	<b>Target</b> Nonpriority Creditor's Name <u>Po Box 673</u> Number Street <u>Minneapolis, MN 55440</u> City State ZIP Code	Last 4 digits of account number <u>7489</u> When was the debt incurred? <u>02/01/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<u>\$1,005.00</u>
4.39	<b>TD Retail Card/Renovate Card</b> Nonpriority Creditor's Name <u>1000 Macarthur Blvd</u> Number Street <u>Mahwah, NJ 07430</u> City State ZIP Code	Last 4 digits of account number <u>1969</u> When was the debt incurred? <u>07/01/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$2,742.00</u>

Debtor 1 Samuel DeWitt Ingle  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.40	<b>Timepayment Corp, LLC.</b> Nonpriority Creditor's Name <u>1600 District Ave Ste 20</u> Number Street <u>Burlington, MA 01803</u> City State ZIP Code	Last 4 digits of account number <u>7199</u> When was the debt incurred? <u>05/01/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$4,390.00</u>
4.41	<b>U.S. Bancorp</b> Nonpriority Creditor's Name <u>Cb Disputes</u> Number Street <u>Saint Louis, MO 63166</u> City State ZIP Code	Last 4 digits of account number <u>6474</u> When was the debt incurred? <u>02/01/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<u>\$810.00</u>
4.42	<b>Valero</b> Nonpriority Creditor's Name <u>Credit Card Center</u> <u>P.O. Box 631</u> Number Street <u>Amarillo, TX 79105-0631</u> City State ZIP Code	Last 4 digits of account number <u>3247</u> When was the debt incurred? <u>11/13/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<u>\$75.60</u>

Debtor 1 **Samuel DeWitt Ingle** \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43	<b>Vivint Smart Home</b> Nonpriority Creditor's Name <b>62992 Collections Center Drive</b> Number Street <b>Chicago, IL 60693-0629</b> City State ZIP Code	Last 4 digits of account number <u>6166</u>	<u>\$2,405.27</u>
		When was the debt incurred? <u>04/01/2016</u>	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Utility Bill</b>	
		Who incurred the debt? Check one.	
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1

**Samuel DeWitt Ingle**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Frost-Arnett Company**  
 Name \_\_\_\_\_  
**PO Box 198988**  
 Number Street \_\_\_\_\_  
**Nashville, TN 37219-8988**  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**FBCS, Inc.**  
 Name \_\_\_\_\_  
**330 S. Warminster Rd. Suite 353**  
 Number Street \_\_\_\_\_  
**Hatboro, PA 19040**  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**OMEGA RMS, Inc**  
 Name \_\_\_\_\_  
**P.O. Box 9228**  
 Number Street \_\_\_\_\_  
**Coral Springs, FL 33065**  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8062

**Bes Tex Solutions, LLC**  
 Name \_\_\_\_\_  
**2101 County Road 130**  
 Number Street \_\_\_\_\_  
**Hutto, TX 78634**  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Harris & Harris, Ltd**  
 Name \_\_\_\_\_  
**111 West Jackson Boulevard, Suite 400**  
 Number Street \_\_\_\_\_  
**Chicago, IL 60604-4135**  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Baylor Scott & White Health**  
 Name \_\_\_\_\_  
**PO Box 674350**  
 Number Street \_\_\_\_\_  
**Dallas, TX 75267-4350**  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Baylor Scott & White Health**  
 Name \_\_\_\_\_  
**PO Box 674350**  
 Number Street \_\_\_\_\_  
**Dallas, TX 75267-4350**  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

<b>Baylor Scott &amp; White Health</b> Name <b>PO Box 674350</b> Number Street <b>Dallas, TX 75267-4350</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.9</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Baylor Scott &amp; White Health</b> Name <b>PO Box 674350</b> Number Street <b>Dallas, TX 75267-4350</b> City State ZIP Code	<b>Last 4 digits of account number</b> _____
<b>Baylor Scott &amp; White Health</b> Name <b>PO Box 674350</b> Number Street <b>Dallas, TX 75267-4350</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Baylor Scott &amp; White Health</b> Name <b>PO Box 674350</b> Number Street <b>Dallas, TX 75267-4350</b> City State ZIP Code	<b>Last 4 digits of account number</b> _____
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>Last 4 digits of account number</b> _____
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.12</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>Last 4 digits of account number</b> _____
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.13</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>Last 4 digits of account number</b> _____
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Financial Corporation of America</b> Name <b>PO Box 203500</b> Number Street <b>Austin, TX 78720-3500</b> City State ZIP Code	<b>Last 4 digits of account number</b> _____

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

<u>LVNV Funding/Resurgent Capital</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>P.O. Box 1269</u>			Line <u>4.21</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Greenville, SC 29602</u>			Last 4 digits of account number _____
City	State	ZIP Code	
<u>Moss Law Firm, P.C.</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>P.O. Box 65020</u>			Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Lubbock, TX 79464</u>			Last 4 digits of account number _____
City	State	ZIP Code	
<u>Midland Funding</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>320 E Big Beaver Rd Ste</u>			Line <u>4.33</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Troy, MI 48083</u>			Last 4 digits of account number _____
City	State	ZIP Code	
<u>Midland Funding</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>320 E Big Beaver Rd Ste</u>			Line <u>4.37</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Troy, MI 48083</u>			Last 4 digits of account number _____
City	State	ZIP Code	
<u>Credit Corp Solutions Inc.</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>180 West Election Road Suite 200</u>			Line <u>4.37</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Draper, UT 84020</u>			Last 4 digits of account number _____
City	State	ZIP Code	
<u>GC Services Limited Partnership</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>CDGCSV70 057</u>			Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Oaks, PA 19456-0857</u>			Last 4 digits of account number _____
City	State	ZIP Code	
<u>ARS National Services Inc.</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>P.O. Box 469100</u>			Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Escondido, CA 92046-9100</u>			Last 4 digits of account number _____
City	State	ZIP Code	

Debtor 1

<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

## Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

<b>Admin Recovery, LLC</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>45 Earhart Dr. Suite 102</b>			Line <u>4.39</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Buffalo, NY 14221-7809</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Midland Funding</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>320 E Big Beaver Rd Ste</b>			Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Troy, MI 48083</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Firstsource Advantage, LLC</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>205 Bryant Woods South</b>			Line <u>4.36</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Buffalo, NY 14228</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Portfolio Recovery Associates, LLC</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>120 Corporate Blvd Ste 100</b>			Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Norfolk, VA 23502-4952</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Client Services Inc.</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>3451 Harry S Truman Blvd</b>			Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Saint Charles, MO 63301-4047</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>ARS National Services Inc.</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>P.O. Box 469100</b>			Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Escondido, CA 92046-9100</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Portfolio Recovery Associates, LLC</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>120 Corporate Blvd Ste 100</b>			Line <u>4.26</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number	Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Norfolk, VA 23502-4952</b>			Last 4 digits of account number _____
City	State	ZIP Code	

Debtor 1 Samuel DeWitt Ingle Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

<b>Credit Management, LP</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>6080 Tennyson Parkway</b>			Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street <b>Plano, TX 75024</b>			<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number _____
<b>Diversified HealthCare Services, Inc.</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>P.O. Box 830808</b>			Line <u>4.31</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street <b>Richardson, TX 75083-0808</b>			<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number <u>4798</u>
<b>Transworld Systems Inc.</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>P.O. Box 15110</b>			Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street <b>Wilmington, DE 19850</b>			<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number _____
<b>Synchrony Bank/Rooms to Go</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>170 West Election Road Suite 125</b>			Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street <b>Draper, UT 84020-6425</b>			<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number _____
<b>Morgan &amp; Associates</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>c/o Crystal Griffin</b>			Line <u>4.22</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street <b>2601 N.W. Expressway, Suite 205 East</b>			<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number _____
<b>Cardmember Service</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>P.O. Box 108</b>			Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street <b>Saint Louis, MO 63166-0108</b>			<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number _____

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a. _____ <b>\$25,487.00</b>
	6b. <b>Taxes and certain other debts you owe the government</b>	6b. _____ <b>\$0.00</b>
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c. _____ <b>\$0.00</b>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + _____ <b>\$0.00</b>
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. _____ <b>\$25,487.00</b>
<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f. _____ <b>\$0.00</b>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. _____ <b>\$0.00</b>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. _____ <b>\$0.00</b>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ <b>\$87,307.13</b>
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. _____ <b>\$87,307.13</b>

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for		
2.1						
	Name					
	Number Street					
	City	State	ZIP Code			
2.2						
	Name					
	Number Street					
	City	State	ZIP Code			
2.3						
	Name					
	Number Street					
	City	State	ZIP Code			
2.4						
	Name					
	Number Street					
	City	State	ZIP Code			

Fill in this information to identify your case:

Debtor 1	<u>Samuel</u>	<u>DeWitt</u>	<u>Ingle</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.  
Ingle, Marie Psyche Villalon  
Name of your spouse, former spouse, or legal equivalent  
717 Abbeyglen Castle Drive  
Number Street  
Pflugerville, TX 78660  
City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

3.1

Name  
  
Number Street  
  
City State ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<b>Employment status</b>	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
<b>Occupation</b>		
<b>Employer's name</b>		
<b>Employer's address</b>	Number Street	Number Street
	City _____	City _____
	State _____	State _____
	Zip Code _____	Zip Code _____
<b>How long employed there?</b>		

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \_\_\_\_\_ \$0.00 \_\_\_\_\_ \$0.00

3. Estimate and list monthly overtime pay.

3. + \_\_\_\_\_ \$0.00 + \_\_\_\_\_ \$0.00

4. Calculate gross income. Add line 2 + line 3.

4. \_\_\_\_\_ \$0.00 \_\_\_\_\_ \$0.00

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
--	--------------	-----------------------------------

<b>Copy line 4 here.....</b> →	4. <u>\$0.00</u>	<u>\$0.00</u>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. <u>\$0.00</u>	<u>\$0.00</u>
5b. <b>Mandatory contributions for retirement plans</b>	5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. <b>Voluntary contributions for retirement plans</b>	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. <b>Required repayments of retirement fund loans</b>	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. <b>Insurance</b>	5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. <b>Domestic support obligations</b>	5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. <b>Union dues</b>	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. <b>Other deductions. Specify:</b> _____	5h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$0.00</u>	<u>\$0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <u>\$0.00</u>	<u>\$0.00</u>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. <b>Interest and dividends</b>	8a. <u>\$0.00</u>	<u>\$0.00</u>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>	8b. <u>\$0.00</u>	<u>\$0.00</u>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. <b>Unemployment compensation</b>	8c. <u>\$0.00</u>	<u>\$0.00</u>
8e. <b>Social Security</b>	8d. <u>\$0.00</u>	<u>\$0.00</u>
8f. <b>Other government assistance that you regularly receive</b>	8e. <u>\$1,845.50</u>	<u>\$0.00</u>
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: <u>Military Disability</u>		
8g. <b>Pension or retirement income</b>	8f. <u>\$3,352.41</u>	<u>\$0.00</u>
8h. <b>Other monthly income. Specify:</b> _____	8g. <u>\$0.00</u>	<u>\$0.00</u>
	8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$5,197.91</u>	<u>\$0.00</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. <u>\$5,197.91</u>	+ <u>\$0.00</u> = <u>\$5,197.91</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + <u>\$0.00</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. <u>\$5,197.91</u>	
		Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Child

Dependent's age

8

Does dependent live with you?

No.  Yes.

Ex-Wife

39

No.  Yes.

\_\_\_\_\_

\_\_\_\_\_

No.  Yes.

\_\_\_\_\_

\_\_\_\_\_

No.  Yes.

\_\_\_\_\_

\_\_\_\_\_

No.  Yes.

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4.  \$1,434.73

##### If not included in line 4:

4a. Real estate taxes

4a.  \$0.00

4b. Property, homeowner's, or renter's insurance

4b.  \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c.  \$50.00

4d. Homeowner's association or condominium dues

4d.  \$0.00

Debtor 1

Samuel  
First NameDeWitt  
Middle NameIngle  
Last Name

Case number (if known) \_\_\_\_\_

**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5. _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. _____ \$275.00
6b. Water, sewer, garbage collection	6b. _____ \$125.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$120.00
6d. Other. Specify: _____	6d. _____ \$0.00
7. Food and housekeeping supplies	7. _____ \$700.00
8. Childcare and children's education costs	8. _____ \$50.00
9. Clothing, laundry, and dry cleaning	9. _____ \$50.00
10. Personal care products and services	10. _____ \$50.00
11. Medical and dental expenses	11. _____ \$100.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$300.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$100.00
14. Charitable contributions and religious donations	14. _____ \$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. _____ \$0.00
15b. Health insurance	15b. _____ \$135.50
15c. Vehicle insurance	15c. _____ \$198.50
15d. Other insurance. Specify: _____	15d. _____ \$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. _____ \$839.62
17b. Car payments for Vehicle 2	17b. _____
17c. Other. Specify: _____ 2014 Harley-Davidson FLHTCUKT	17c. _____ \$589.56
17d. Other. Specify: _____	17d. _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. _____ \$0.00
20b. Real estate taxes	20b. _____ \$0.00
20c. Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d. Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e. Homeowner's association or condominium dues	20e. _____ \$0.00

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

21. **Other.** Specify: Pet Care

21. **+** \$50.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$5,167.91

22b. \$0.00

22c. \$5,167.91

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$5,197.91

23b. Copy your monthly expenses from line 22c above.

23b. **-** \$5,167.91

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$30.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

#### Part 1: Summarize Your Assets

<b>Your assets</b>	
Value of what you own	
<b>1. Schedule A/B: Property</b> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$299,495.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$48,723.98
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$348,218.98

#### Part 2: Summarize Your Liabilities

<b>Your liabilities</b>	
Amount you owe	
<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$296,518.04
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$25,487.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+\$87,307.13
<b>Your total liabilities</b>	
	\$409,312.17

#### Part 3: Summarize Your Income and Expenses

<b>4. Schedule I: Your Income</b> (Official Form 106I)
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....
<b>5. Schedule J: Your Expenses</b> (Official Form 106J)
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....

Debtor 1

**Samuel** **DeWitt** **Ingle**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\_\_\_\_\_ **\$0.00**

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \_\_\_\_\_ **\$25,487.00**

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \_\_\_\_\_ **\$0.00**

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \_\_\_\_\_ **\$0.00**

9d. Student loans. (Copy line 6f.) \_\_\_\_\_ **\$0.00**

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \_\_\_\_\_ **\$0.00**

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) **+** \_\_\_\_\_ **\$0.00**

9g. **Total.** Add lines 9a through 9f. \_\_\_\_\_ **\$25,487.00**

Fill in this information to identify your case:

Debtor 1	<u>Samuel</u>	<u>DeWitt</u>	<u>Ingle</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 /s/ Samuel DeWitt Ingle  
Samuel DeWitt Ingle, Debtor 1

 \_\_\_\_\_

Date 11/19/2019  
MM/ DD/ YYYY

Date \_\_\_\_\_  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Samuel DeWitt Ingle**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
	<b>Sources of income</b>	<b>Gross Income</b>	<b>Sources of income</b>	<b>Gross Income</b>
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
	<b>Sources of income</b>	<b>Gross income from each source</b>	<b>Sources of income</b>	<b>Gross Income from each source</b>
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<u>Social Security</u> <u>\$20,300.50</u> <u>Military Disability</u> <u>\$36,876.51</u> <u> </u> <u> </u> <u> </u> <u> </u>			
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<u>Social Security</u> <u>\$22,146.00</u> <u>Military Disability</u> <u>\$39,133.20</u> <u> </u> <u> </u> <u> </u> <u> </u>			
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<u>Social Security</u> <u>\$21,120.00</u> <u>Military Disability</u> <u>\$38,365.92</u> <u> </u> <u> </u> <u> </u> <u> </u>			

Debtor 1

Samuel

DeWitt

Ingle

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

## 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
NewRez Mortgage Creditor's Name	Last 90 Days	\$4,304.19	\$261,264.36
DBA Shellpoint Mortgage Servicing P.O. Box 740039 Number Street			<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Cincinnati, OH 45274-0039 City State ZIP Code			
University Federal Credit Union Creditor's Name	Last 90 Days	\$2,518.86	\$25,617.28
PO Box 9350 Number Street			<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Austin, TX 78766 City State ZIP Code			

## 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Debtor 1	<b>Samuel</b> First Name	<b>DeWitt</b> Middle Name	<b>Ingle</b> Last Name	Case number (if known) _____
	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City	State	ZIP Code		

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name			
Number Street			
City	State	ZIP Code	

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>Midland Funding vs Samuel Ingle</u>	County Court at Law No. 1, Travis County, Texas Court Name <u>1000 Guadalupe, Room 206</u>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>C-1-CV-19-007036</u>	Number Street <u>Austin, TX 78701</u>	City State ZIP Code

Debtor 1	First Name <b>Samuel</b>	Middle Name <b>DeWitt</b>	Last Name <b>Ingle</b>	Case number (if known) _____									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Nature of the case</th> <th style="background-color: #cccccc;">Court or agency</th> <th style="background-color: #cccccc;">Status of the case</th> </tr> </thead> <tbody> <tr> <td>Debt Collection</td> <td>County Court at Law No. 2, Travis County, Texas Court Name 1000 Guadalupe, Room 211 Number Street Austin, TX 78701 City _____ State _____ ZIP Code _____</td> <td><input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded</td> </tr> <tr> <td>Debt Collection</td> <td>Justice Court Precinct 2, Place 1, Travis County, Texas Court Name 10409 Burnet Road Suite 180 Number Street Austin, TX 78758 City _____ State _____ ZIP Code _____</td> <td><input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded</td> </tr> </tbody> </table>			Nature of the case	Court or agency	Status of the case	Debt Collection	County Court at Law No. 2, Travis County, Texas Court Name 1000 Guadalupe, Room 211 Number Street Austin, TX 78701 City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded	Debt Collection	Justice Court Precinct 2, Place 1, Travis County, Texas Court Name 10409 Burnet Road Suite 180 Number Street Austin, TX 78758 City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded	
Nature of the case	Court or agency	Status of the case											
Debt Collection	County Court at Law No. 2, Travis County, Texas Court Name 1000 Guadalupe, Room 211 Number Street Austin, TX 78701 City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded											
Debt Collection	Justice Court Precinct 2, Place 1, Travis County, Texas Court Name 10409 Burnet Road Suite 180 Number Street Austin, TX 78758 City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded											

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor's Name _____	Describe the property	Date _____	Value of the property _____
Number Street _____	<b>Explain what happened</b>		
City _____ State _____ ZIP Code _____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No

Yes. Fill in the details.

Creditor's Name _____	Describe the action the creditor took	Date action was taken	Amount _____
Number Street _____			
City _____ State _____ ZIP Code _____	Last 4 digits of account number: XXXX-_____		

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No

Yes

**Part 5: List Certain Gifts and Contributions**

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ _____ _____		_____ _____ _____	_____
Number Street _____ _____			
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ _____		_____ _____ _____	_____
Number Street _____ _____			
City _____ State _____ ZIP Code _____			

Debtor 1 **Samuel DeWitt Ingle**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 6: List Certain Losses

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .			
		_____	_____

Part 7: List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
The Brown Law Firm Person Who Was Paid PO Box 1667 Number Street Victoria, TX 77902 City State ZIP Code	Attorney's Fees - \$2,750.00 ; Filing Fees - \$335.00 05/31/2019	\$3,085.00
Email or website address		
Person Who Made the Payment, if Not You Access Counseling, Inc. Person Who Was Paid 633 W 5th St #26001 Number Street Los Angeles, CA 90071-2005 City State ZIP Code	Description and value of any property transferred Credit Counseling Course 11/19/2019	Date payment or transfer was made Amount of payment \$25.00
Email or website address		
Person Who Made the Payment, if Not You		

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			

Person's relationship to you \_\_\_\_\_

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No

Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____		

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution

XXXX- \_\_\_\_\_

Checking

Savings

Money market

Brokerage

Other \_\_\_\_\_

Number Street

City State ZIP Code

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code	City State ZIP Code	

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code	City State ZIP Code	

Debtor 1 **Samuel DeWitt Ingle**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No

Yes. Fill in the details.

Where is the property?		Describe the property		Value
Owner's Name	Number Street			
Number Street				
	City State ZIP Code			
City	State ZIP Code			

**Part 10: Give Details About Environmental Information**

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City	State ZIP Code	

**25. Have you notified any governmental unit of any release of hazardous material?**

No

Yes. Fill in the details.

Debtor 1	<b>Samuel</b> First Name	<b>DeWitt</b> Middle Name	<b>Ingle</b> Last Name	Case number (if known) _____
	<b>Governmental unit</b>		<b>Environmental law, if you know it</b>	<b>Date of notice</b>
Name of site	<b>Governmental unit</b>			
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number _____ Street _____	
Case number _____	City _____ State _____ ZIP Code _____	

## Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>		<p><b>Describe the nature of the business</b></p> <p>Employer Identification number Do not include Social Security number or ITIN.</p> <p>EIN: _____</p> <p><b>Name of accountant or bookkeeper</b></p> <p>Dates business existed</p> <p>From _____ To _____</p>
---	--	--

Debtor 1 **Samuel DeWitt Ingle** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM / DD / YYYY

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** \_\_\_\_\_ /s/ Samuel DeWitt Ingle  
Signature of Samuel DeWitt Ingle, Debtor 1

Date 11/19/2019

**X** \_\_\_\_\_  
Signature of \_\_\_\_\_

Date \_\_\_\_\_

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

##### 1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	University Federal Credit Union	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	2017 Chevrolet Colorado Z71		
Creditor's name:	University Federal Credit Union	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	2014 Harley-Davidson FLHTCUTG Tri Glide Ultra Classic Tri Glide		

Debtor 1

Samuel DeWitt Ingle  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page for Part 1**

Creditor's  
name:

**NewRez Mortgage**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a  
*Reaffirmation Agreement.*

Retain the property and [explain]:

Description of  
property  
securing debt:

**LOT 10 BLK G HIGHLAND PARK  
NORTH PHS B SEC 1  
717 Abbeyglen Castle Drive Pflugerville, TX  
78660**

**Debtor 1**

<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
First Name	Middle Name	Last Name

Case number (*if known*) \_\_\_\_\_

## Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X \_\_\_\_\_  
/s/ Samuel DeWitt Ingle  
Signature of Debtor 1

Signature of Debtor 1

Date 11/19/2019  
MM/ DD/ YYYY

X \_\_\_\_\_  
Signature of Debtor 2

Signature of Debtor 2

Date \_\_\_\_\_  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<b>Samuel</b>	<b>DeWitt</b>	<b>Ingle</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Texas</b>		
Case number (if known)			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A-1

### Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

##### 1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A	Column B
Debtor 1	Debtor 2 or non-filing spouse

##### 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$0.00

##### 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$0.00

##### 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$0.00

##### 5. Net income from operating a business, profession, or farm

Debtor 1      Debtor 2

Gross receipts (before all deductions)

\$0.00

Ordinary and necessary operating expenses

\$0.00

Net monthly income from a business, profession, or farm

\$0.00

Copy here

\$0.00

##### 6. Net income from rental and other real property

Debtor 1      Debtor 2

Gross receipts (before all deductions)

\$0.00

Ordinary and necessary operating expenses

\$0.00

Net monthly income from rental or other real property

\$0.00

Copy here

\$0.00

##### 7. Interest, dividends, and royalties

\$0.00

\$0.00



**United States Bankruptcy Court**  
Western District of Texas

**In re**

Ingle, Samuel DeWitt

**Debtor(s)**

Case No. \_\_\_\_\_

Chapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$2,750.00
Prior to the filing of this statement I have received .....	\$2,750.00
Balance Due .....	<u><u>\$0.00</u></u>

2. The source of the compensation to be paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

- A. Representation of Debtor in an adversary proceeding, either as a plaintiff or defendant.
- B. Representation of Debtor in a contested matter, including, but not limited to, motions to lift stay and objections to exemptions.

7. In addition to the above indicated amount, Debtor deposited \$335.00 with attorney for payment of filing fee.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/19/2019

Date

/s/ Jerome A. Brown

Signature of Attorney

Jerome A. Brown  
Bar Number: 03140000  
The Brown Law Firm  
PO Box 1667  
Victoria, TX 77902  
Phone: (512) 306-0092

The Brown Law Firm  
Name of law firm

**A+ Federal Credit Union**  
Cardmember Service  
P.O. Box 790408  
Saint Louis, MO 63179-0408

**AAFES**  
3911 Walton Walker  
Dallas, TX 75266

**Admin Recovery, LLC**  
45 Earhart Dr. Suite 102  
Buffalo, NY 14221-7809

**Amex**  
P.o. Box 981537  
El Paso, TX 79998

**ARA Diagnostic Imaging**  
P.O. Box 4427  
Austin, TX 78765

**Army & Air Force Exchange  
Service**  
Attn: CP - Operations  
P.O. Box 650038  
Dallas, TX 75265-0038

**ARS National Services Inc.**  
P.O. Box 469100  
Escondido, CA 92046-9100

**Baylor Scott & White Health**  
PO Box 674350  
Dallas, TX 75267-4350

Baylor Scott & White Health  
PO Box 674360  
Dallas, TX 75267-4350

Baylor Scott & White Health  
PO Box 847914  
Dallas, TX 75284-7914

Bes Tex Solutions, LLC  
2101 County Road 130  
Hutto, TX 78634

Best Tex Solutions LLC  
2101 County Rd 130  
Hutto, TX 78634

BesTex Solutions, LLC  
2101 County Road 130  
Hutto, TX 78634

Capital One  
15000 Capital One Dr  
Richmond, VA 23238

Cardmember Service  
P.O. Box 108  
Saint Louis, MO 63166-0108

Citibank  
P.O. Box 6241  
Sioux Falls, SD 57117

Citibank N.A. The Home Depot  
P.O. Box 790328  
Saint Louis, MO 63179

Citibank, N.A./Citi Mastercard  
P.O. Box 769006  
San Antonio, TX 78245

Citibank/Shell Oil  
Po Box 6497  
Sioux Falls, SD 57117

Citibank/The Home Depot  
P.O. Box 6497  
Sioux Falls, SD 57117

Client Services Inc.  
3451 Harry S Truman Blvd  
Saint Charles, MO 63301-4047

Comenity Bank  
P.O. Box 182273  
Columbus, OH 43218

Conasauga County Judicial  
Circuit  
Division of Child Support Services  
417 West Crawford Street  
Dalton, GA 30720

Credit Corp Solutions Inc.  
180 West Election Road Suite 200  
Draper, UT 84020

Credit First National  
Association  
P.O. Box 81315  
Cleveland, OH 44181

Credit Management, LP  
6080 Tennyson Parkway  
Plano, TX 75024

Discover Financial  
P.O. Box 15316  
Wilmington, DE 19850

Diversified HealthCare  
Services, Inc.  
P.O. Box 830808  
Richardson, TX 75083-0808

FBCS, Inc.  
330 S. Warminster Rd. Suite 353  
Hatboro, PA 19040

Financial Corporation of  
America  
PO Box 203500  
Austin, TX 78720-3500

Firstsource Advantage, LLC  
205 Bryant Woods South  
Buffalo, NY 14228

Frost-Arnett Company  
PO Box 198988  
Nashville, TN 37219-8988

GC Services Limited  
Partnership  
CDGCSV70 057  
P.O. Box 857  
Oaks, PA 19456-0857

Harris & Harris, Ltd  
111 West Jackson Boulevard , Suite 400  
Chicago, IL 60604-4135

Home Zone Round Rock  
1601 S Interstate 35 Ste 500  
Round Rock, TX 78664

LVNV Funding/Resurgent  
Capital  
P.O. Box 1269  
Greenville, SC 29602

Midland Funding  
320 E Big Beaver Rd Ste  
Troy, MI 48083

Morgan & Associates  
c/o Crystal Griffin  
2601 N.W. Expressway, Suite 205 East  
Oklahoma City, OK 73112-7229

Moss Law Firm, P.C.  
P.O. Box 65020  
Lubbock, TX 79464

NewRez Mortgage  
DBA Shellpoint Mortgage Servicing  
P.O. Box 740039  
Cincinnati, OH 45274-0039

OMEGA RMS, IIc  
P.O. Box 9228  
Coral Springs, FL 33065

OneMain Financial  
Po Box 1010  
Evansville, IN 47706

Portfolio Recovery  
Associates, LLC  
120 Corporate Blvd Ste 100  
Norfolk, VA 23502-4952

Scott & White  
P.O. Box 847914  
Dallas, TX 75284-7914

Seton Medical Center  
Williamson  
PO Box 204301  
Dallas, TX 75320-4301

Synchrony Bank  
170 West Election Road Suite 125  
Draper, UT 84020

Synchrony Bank/Lowes  
Po Box 965005  
Orlando, FL 32896

Synchrony Bank/Rooms to Go  
170 West Election Road Suite 125  
Draper, UT 84020-6425

Synchrony Bank/Rooms To Go  
P.O. Box 965064  
Orlando, FL 32896-5064

Target  
Po Box 673  
Minneapolis, MN 55440

TD Retail Card/Renovate Card  
1000 Macarthur Blvd  
Mahwah, NJ 07430

Timepayment Corp, LLC.  
1600 District Ave Ste 20  
Burlington, MA 01803

Transworld Systems Inc.  
P.O. Box 15110  
Wilmington, DE 19850

U.S. Bancorp  
Cb Disputes  
Saint Louis, MO 63166

University Federal Credit Union  
PO Box 9350  
Austin, TX 78766

Valero  
Credit Card Center  
P.O. Box 631  
Amarillo, TX 79105-0631

Vivint Smart Home  
62992 Collections Center Drive  
Chicago, IL 60693-0629

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION

IN RE: **Ingle, Samuel DeWitt**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/19/2019 Signature /s/ Samuel DeWitt Ingle  
Samuel DeWitt Ingle, Debtor